

**VERMONT DEPARTMENT OF EDUCATION**

**Applicant's Statement Regarding Child Support, Taxes, Unemployment Compensation Contributions**

Pursuant to 15 V.S.A. § 795, 32 V.S.A. § 3113, and 21 V.S.A. § 1378 you are required to answer the following:

**Child Support**

**You must check one of the three statements below regarding child support: As of the date of this renewal application:**

\_\_\_\_\_ **This does not apply to me, because I do not have any children; OR**

\_\_\_\_\_ **I do not owe any child support, or I do owe child support, but am under a plan with the Office of Child Support to pay all child support due; OR**

\_\_\_\_\_ **I am behind in my child support, and I request that the licensing authority determine that immediate payment of child support would impose an unreasonable hardship. Please forward an Application for Hardship.**

**Taxes**

**You must check one of the two statements below regarding taxes. As of the date of this renewal application:**

\_\_\_\_\_ **All tax returns have been filed, and I do not owe any taxes, or I owe taxes but am under a plan with the Department of Taxes to pay all taxes due or they are under appeal; OR**

\_\_\_\_\_ **I am behind in my tax payments and I request that the licensing authority determine that immediate payment of taxes would impose an unreasonable hardship. Please forward an Application for Hardship.**

**Unemployment Compensation**

**You must check one of the three statements below regarding unemployment contributions or payments in lieu of unemployment contributions. As of the date of this renewal application:**

\_\_\_\_\_ **This does not apply to me, because I am not now, nor have I ever been, an employer; OR**

\_\_\_\_\_ **I do not owe any unemployment compensation, or I owe unemployment compensation but am under plan with the Unemployment Division to pay any and all unemployment compensation due; OR**

\_\_\_\_\_ **I am behind in my unemployment compensation payments and I request that the licensing authority determine that immediate payment would impose an unreasonable hardship. Please forward an Application for Hardship.**

Social Security # \_\_\_\_\_ \*                      Date of Birth \_\_\_\_/\_\_\_\_/19\_\_\_\_

\* The disclosure of your social security number is mandatory, it is solicited by the authority granted by 42 U.S.C. § 405 (c)(2)(C), and will be used by the Departments of Taxes, Child Support and Employment and Training in the administration of Vermont law, to identify individuals affected by such laws. Your Social Security Number Is Not Subject to Disclosure as Part of a Public Records Request.

**Statement of Applicant**

I certify that the information stated by me in this application is true and accurate to the best of my knowledge, and that I understand providing false information or omission of information is unlawful and may jeopardize my license/certification status.

Signature of Applicant

Date